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JANUARY, 1953

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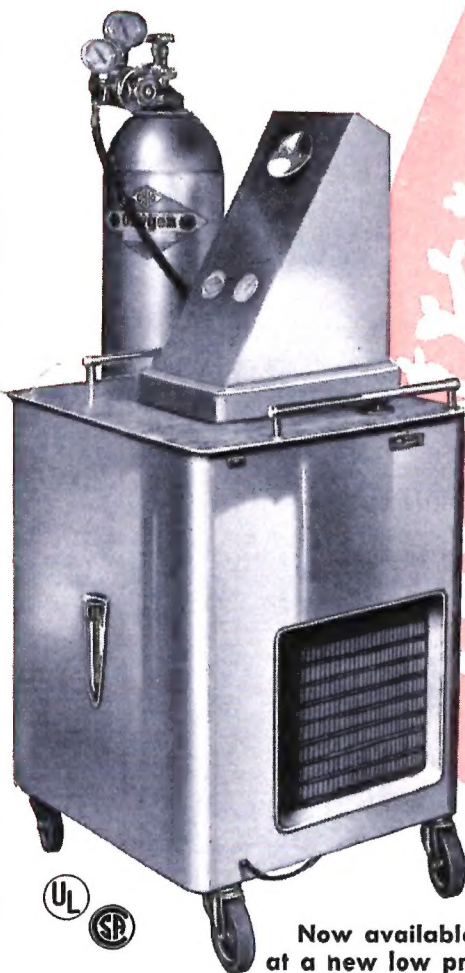


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Form No. 2120

January, 1953

SURGICAL EQUIPMENT

IN ITS TWENTIETH YEAR OF PUBLICATION

VOL. XX NO. 1

"Someone who begins this line . . ."

An Editorial

A NUMBER of years ago a magazine article appeared with an opening sentence so dramatic and thought-provoking that it has become a classic in its field.

The sentence read: "Someone who begins to read this line will not live to read its close."

The remainder of the article, devoted to life insurance, ably illustrated the truth of the first sentence. Yet those who are engaged in the field of journalism almost unanimously agreed that without those first few opening words to set the reader thinking, the message could easily have gone unread.

Elsewhere in this issue of *Surgical Equipment* we bring you a report of a series of hospital safety lectures as given by John Gilroy, Ph. D., manager of Ohio Chemical's research department.

The article opens with the quotation, "*More of us in this room will probably die of accidents than from any other single cause*"—here, too, a simple sentence filled with drama and truth.

And here, as in the magazine article, the facts which follow the opening line well illustrate its believability. The purpose of this series of lectures by Dr. Gilroy is certainly not to "scare"—but to further the adoption of increased safety practices and continual awareness of the fact that hospital safety is a full time job—yet basically an uncomplicated one.

As a result of the enthusiasm shown by hospital administrators and technical staffs engaged in handling therapy equipment, compressed or flammable medical gases, Dr. Gilroy's services have been made available to these medical groups.


President

Madison, Wisconsin is, by virtue of its expanding hospital facilities and a wide selection of some of the country's finest medical men, taking its place as a nationally recognized health center. Eleven hospitals and five clinics serve approximately 100,000 Madison residents as well as the thousands of visitors who flock to the city for medical treatment. Topped by the expansion of the big, multi-million dollar State of Wisconsin General Hospital (seat of some of the world's most important medical discoveries and home of the

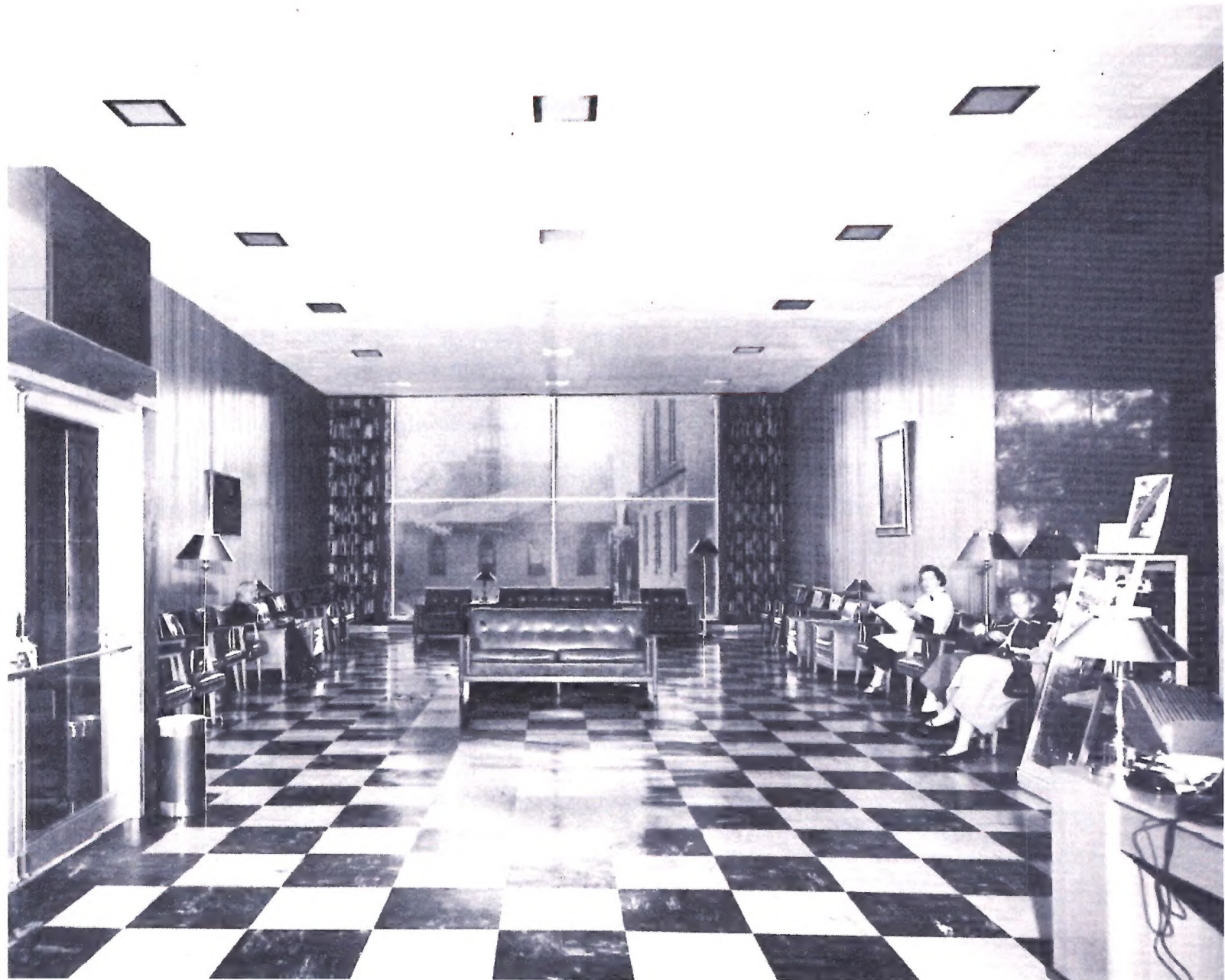
renowned medical school of the University of Wisconsin), the city's hospital expansion has shown remarkable growth in the last decade.

The latest addition, opened in 1951, is the 500-bed Veterans Administration Tubercular Hospital, high on a hill at the city's edge.

But some of the most farsighted planning is being done on the small "community hospital" level, to increase the scope of the day-to-day health services to Madison resi-

in Madison Wisconsin...

Madison General's .



Miss Grace Crafts, R. N., recently retired administrator of Madison General Hospital. Miss Crafts, who served the hospital for more than 35 years, began as night supervisor and served as director of nursing before assuming her position as administrator.

Madison General's capable new administrator is Mr. David C. Reynolds, for the past five years assistant to Miss Crafts. Originally a Madison resident, Mr. Reynolds received his B. A. in hospital administration from St. Mary's University, San Antonio, Texas, in 1938, and following his release from the Navy, his Master's degree from Washington University at St. Louis.



expansion program with an eye to the future

dents. The soon-to-be-completed enlargement program of the Madison General Hospital is typical of this excellent development. (And typical, too, of the city's interest in local health facilities is the fact that this improvement has been largely financed through a local bond issue following an original endowment by the late Jackson Reuter.)

Another "all Ohio" hospital addition, Madison General utilizes Ohio central oxygen piping, SterilBrite surgical furnishings, Heidbrink anesthesia, therapy, and resuscitative apparatus, plus Ohio Scanlan sterilizers, surgical lights and tables throughout.

Located on the city's south side, Madison General will, within the next six months, put the finishing touches on a 2½ million dollar expansion program, more than doubling its bed capacity (from 177 beds, 26 bassinets to 375 beds and 40 bassinets) and greatly increasing surgical, laboratory and technical facilities.

Plans for the building program for Madison General Hospital were begun in 1948 under the leadership of Miss Grace Crafts, recently retired administrator, and E. J. B. Schubring, then president of the hospital's Board of Directors. Miss Crafts, Mr. Schubring, and Mr. R. J. Sutherland (who succeeded Mr. Schubring as president of the Board of Directors) recognized the need not only for an enlarged physical plant and more concentrated departmentalization, but for the inclusion of adequate teaching facilities *within the individual departments* to meet present and future enrollment of the hospital's excellent nursing school. (One of the plans carried out was a series of combined treatment-classes, readily adaptable to class study when not in use by the patients—thereby fully utilizing valuable space, while providing adequate class room in "the hub" of hospital activities.)

To best combine services to patients, convenience, and teaching requirements, major departments have been well centralized and services segregated. Departments of medicine, obstetrics, general surgery, orthopedic surgery, urology, pediatrics and chronic diseases are so set up as to utilize individual facilities wherever possible.

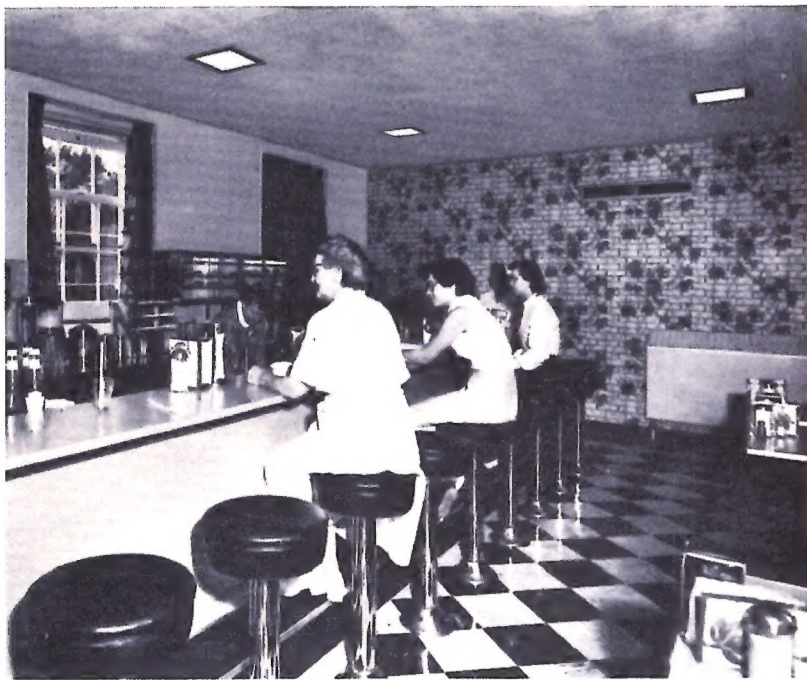
The Laboratory department, under the guidance of Doctor Lester McGary, pathologist, has been increased in square footage by 600%, and lined up closely with the surgical department. In addition to increasing laboratory space, a frozen section tissue laboratory was installed to provide tissue analysis during surgery without delaying the operation. In line with the recent trend in hospital layout, Madison General will utilize a central sterilizing department which furnishes all sterile supplies to the various departments from one convenient location.

The maternity department, formerly composed of two labor and two delivery rooms, has been increased to four labor and three delivery rooms including a Caesarean delivery room.

Pleasant, convenient working conditions for the staff played a major role in the new layout. Besides the important features of segregated services and centralized departments, floor arrangements cut extra steps to a minimum. Nursing stations are placed for clear visibility of corridors and patients' rooms. Three staff dining rooms plus a cafeteria offer a variety of menus and restful, uncrowded eating conditions. Comfortable lounge rooms are provided for off-duty relaxation. On the surgical floor individual offices have been set up for the surgical supervisor, Mrs. Frances Wardle, and the chief anesthetist, Miss Elvy Anderson, keeping their "clerical" activities compact and orderly. Madison General's out-patient facilities also have been increased with

the enlargement of the X-ray department under the direction of Doctor Robert C. Schmitz, radiologist, and the addition of physical and occupational therapy departments, as well as a minor oral surgery room, and increased electrocardiographic areas.

As for the patient, his outlook cannot help but take a sharp rise upon admittance. Halls are bright and cheerfully decorated, and rooms are spacious. One entire floor is composed of private rooms, and on all floors with "doubles," rooms are double in area as well as in furnishings. Even the standard "ward" contains only four beds in a spacious room. All rooms have private lavatories, and many have complete bathrooms.



above and left:

The Madison General Hospital Women's Auxiliary manages the gift and coffee shop, just off the main lobby, for visitors, patients, and staff.

below:

One of the six surgeries, each completely Ohio equipped, in the new wing of the Madison General Hospital. Following recent trends, the rooms are small and compact, with light green walls and ceilings.

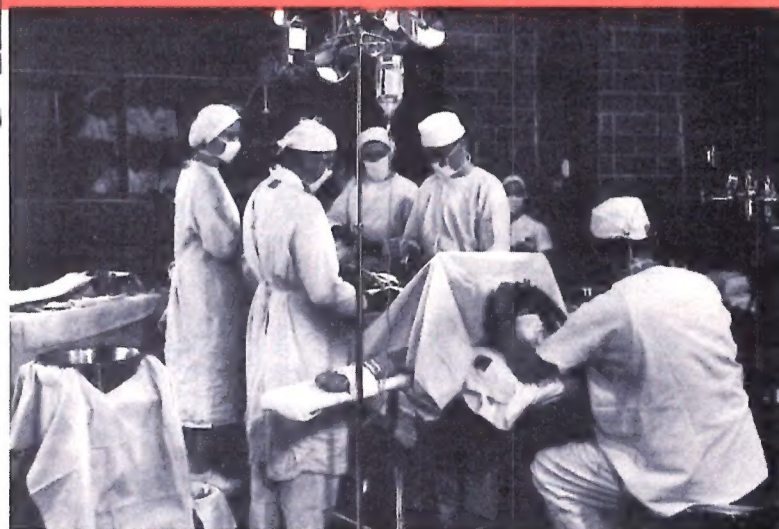
An all-Ohio sterilizing room at Madison General

Bulky, portable screens, long a furnishing in multi-bed hospital rooms, have been eliminated. In their place colorful draw drapes are installed around each bed. Windows are wide, draperies are bright against subdued pastel walls, and furnishings are more akin to a home than an institution.

Two large day rooms have been added, and here again future needs have been considered to facilitate immediate conversion of these comfortable sunny quarters into equally comfortable four-bed wards. Ohio centralized oxygen has been piped in (as in practically all other rooms), call systems are ready for hook-up, and bathroom facilities are complete.

A colorful coffee shop, combined with a small gift shop, is provided for the convenience of hospital visitors, and managed independently by the Madison General Hospital Auxiliary.

While there are no exceptional innovations in this Madison General expansion program, no amazing "firsts" in scientific approach or patient care, it is a combination of the most modern and farsighted hospital planning, including practicality, beauty, and convenience. Madison General Hospital is an excellent contribution to the ever-growing status Madison, Wisconsin, now holds as a nationally recognized health center.





Architect's sketch of present completed construction of St. John Hospital.

—Photo courtesy of Maguolo & Quick, architects

*in Detroit
the New...*

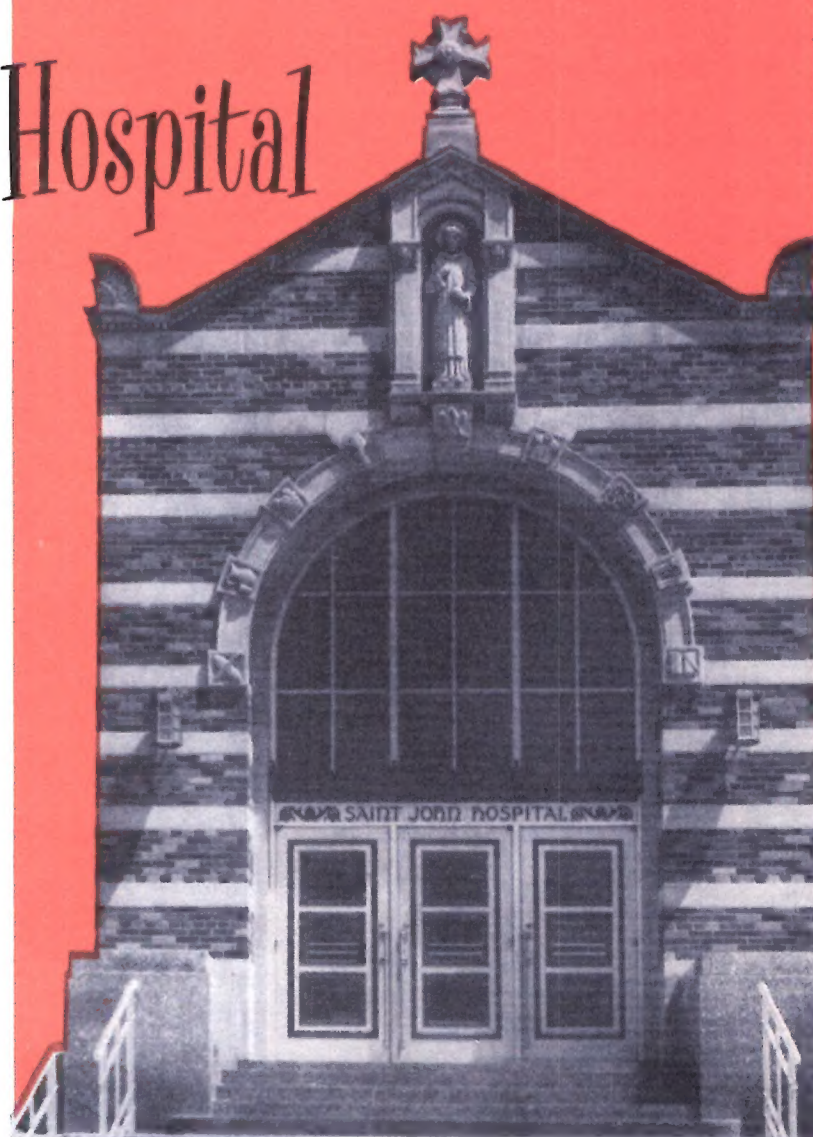
St. John Hospital

In March of 1952 the new St. John Hospital opened its doors to residents of Detroit, Michigan. A Michigan newspaper, in describing the building, reported "(The hospital) combines dignity, warmth, color, friendliness and reassurance with every facility needed for up-to-date medical care." This brief description covers well the four-story structure and its seventeen green acres located between Detroit and Grosse Point Woods.

St. John is the work of the Sisters of St. Joseph—their fifth hospital in the state of Michigan. The Sisters' community pledged to raise three million dollars toward the more than five million total cost of the project, while the remaining two million were raised by a concentrated effort on the part of the Greater Detroit Hospital Committee, in a campaign begun well in advance of the 1950 ground breaking ceremony.

At present St. John Hospital is a 272-bed, 68-bassinet institution. Floor plans allow for a future addition of two stories on the main building, bringing the bed total to 375.

Of the present beds, sixty-eight make up the excellently equipped maternity department. In this section four delivery rooms are grouped in pairs and there are, in addition, six labor rooms and two preparatory rooms. The eleven-bed nurseries are also set in pairs with the examination and workroom dividing each pair. The entire nursery section is separated by an inner corridor from the main halls, keeping



—Photo courtesy of Michigan
Architect and Engineer

its tiny occupants completely apart from visitors and passersby. In planning, this pediatric and obstetric department received primary attention, for it is in this service that Detroit hospital needs have been greatest. Nurseries, as well as all double rooms and wards, are adequately fitted with centralized oxygen piping systems.

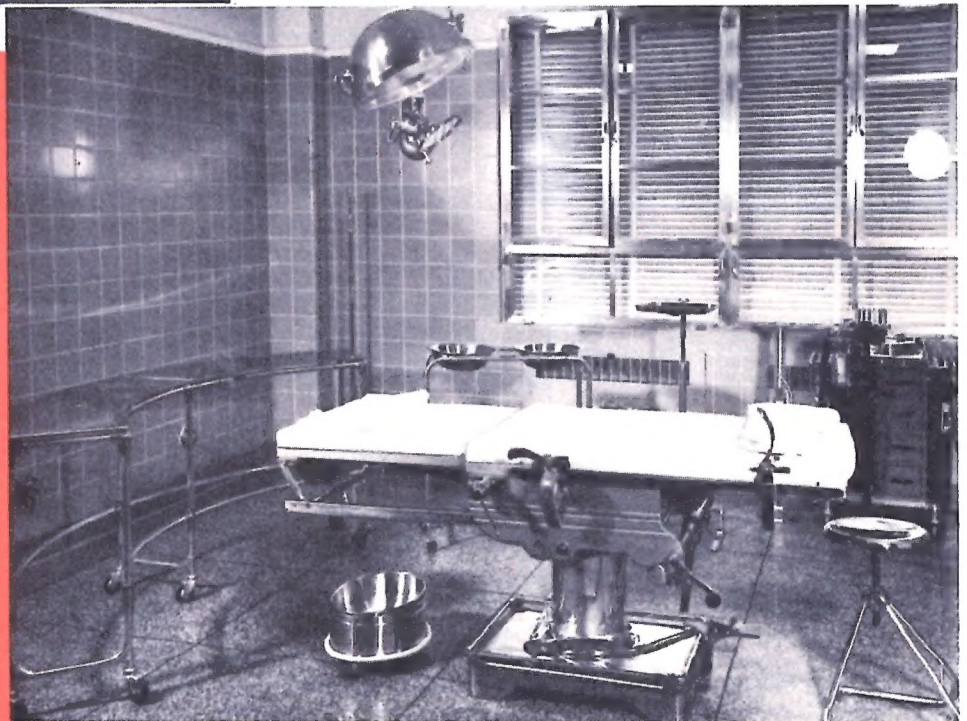
Surgical facilities, too, received concentrated attention. Four major and two minor operating rooms serve the hospital at present, with space reserved for the addition of two more. An individual sub-sterilizing unit and doctors' scrub-up bay serve each pair of surgeries, and a frozen section laboratory is conveniently located on the surgical floor. Conductive flooring has been utilized throughout the surgical and obstetric area, and all sterilizing rooms, surgeries and delivery rooms are completely Ohio equipped.

One floor below the surgeries is an extensive and most complete laboratory department. Off the main corridor an open passage connects the laboratory facilities for bacteriology, seriology, hematology, and chemistry. Glass partitions separate the individual departments and allow freedom from

Continued on page 16

Mother M. Aileen, S.S.J.—
Administrator of the new
St. John Hospital, Detroit,
Michigan.

Typical views of the four major and
two minor Ohio equipped operating
rooms, presently serving the needs
of St. John Hospital patients. Archi-
tects' plans call for the addition of
two more in the future.

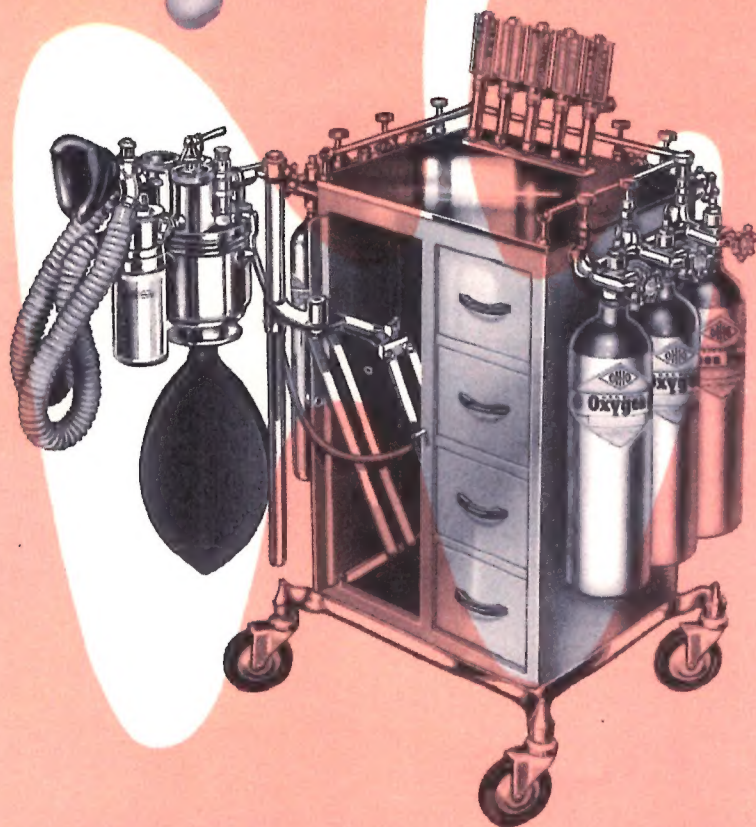


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Well over half a century of dependable service and progressive development have earned for Ohio Medical Gases a reputation as the "Anesthetic of Choice" in inhalation anesthesia. And in therapy and resuscitation, too, the "Ohio" label is your best assurance of highest quality.

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Heidbrink Cabinet Kinet-o-meter No. 550—5-gas cabinet

A single mobile unit combining the facilities of the Kinet-o-meter with those of a spacious cabinet and an anesthetist's table

For unequalled safety and precision in anesthesia, OHIO Medical Gases and Heidbrink Kinet-o-meters form the professional combination to provide exact control.

Heidbrink Kinet-o-meters are especially designed to meet the requirements of the anesthetist for the administration of the various anesthetic gases now generally employed. To provide the greatest possible convenience Kinet-o-meters are available in stand, cart, cabinet and cart cabinet models, and a Midget model with or without a carrying case.

Kinet-o-meters are equipped with standard sight-feed flowmeters, calibrated for various combinations of nitrous oxide, ethylene, cyclopropane, helium, carbon dioxide and oxygen. A vaporizer for the adequate admixture of ether in amounts as desired is standard equipment.

The apparatus, although especially designed for utilizing the strikingly economical (closed) carbon dioxide absorption method, also permits free use of the (open flow) fractional rebreathing method. The flowmeters, accordingly, are built and calibrated to accurately deliver and indicate the amounts of the gases necessary to the success of both techniques.

There's a Kinet-o-meter to meet the requirements of every hospital, clinic, and doctor's office.

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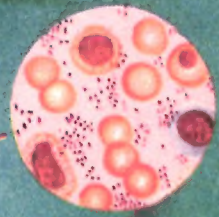
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Sterilizers and Cylindrical
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No matter what the requirements . . . for complete central service installations throughout the hospital . . . free-standing instrument, utensil or dressing sterilizers . . . exposed or recessed autoclaves . . . water sterilizers . . . formula sterilizers . . . milk bottle sterilizers . . . bedpan washers and sterilizers . . . laboratory autoclaves . . . portable electrically-heated instrument sterilizers for the doctor's office . . . bulk-type sterilizers (for large loads of surgical dressings and supplies) . . . disinfectant-type sterilizers (for mattresses, bedding and clothing) . . . you'll find exactly what you desire in the complete Scanlan-Morris line. Hospitals throughout the world are equipped with Scanlan-Morris sterilizers.

Many years of experience and direct personal contact with hospital superintendents, surgeons, engineers and architects, qualify us to give valuable assistance and guidance in the important matter of proper planning for sterilizers.

Suggested layouts of equipment based on a careful survey of the conditions relating to the individual project, with complete recommendations for the most efficient and economical installation to meet the requirements, will be furnished upon request.

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"More of us in this room today will probably die of accidents than any other single cause." This startling statement was the opening of a recent address on hospital safety, given by John Gilroy, Ph. D.

Doctor Gilroy, manager of research for Ohio Chemical, has made a thorough study of hospital accidents and their numerous causes, and has devoted much of his time in the past months to spreading the safety lessons he has learned. The lecture reported herein was given before two meetings of the technical staffs engaged in handling oxygen therapy equipment, compressed gas cylinders, and flammable anesthetic gases at the Mayo Clinic and the local hospitals of Rochester, Minnesota.

Ohio's HOSPITAL SAFETY Lecture Series

Explaining his opening remark, Dr. Gilroy pointed out that it could have, in a sense, a pleasant aspect. "As a result of current progress of medical science and the increasingly reduced death rate statistics, our chances for death through sickness are, as you all well know, greatly reduced from those of only a decade ago.

"But in viewing the death rates, it is the factor of the accidents that is so alarming. Most of our death rates will be classified as 'preventable,' not in the sense that they could have been easily avoided, but because the world and its customs could have been changed to prevent them," he explained.

Dr. Gilroy had found, in compiling such important safety contributions as Ohio's two publications, (the *Safety Issue of Surgical Equipment* in 1951, and this year's *Safety in Hospitals*,) that any hospital safety program has four basic handicaps to overcome: *ignorance, cost, habits, and thoughtlessness.*

"We probably know how to prevent all future deaths by accidents with compressed or flammable gases in hospitals, but disseminating the necessary knowledge and changing existing unsafe equipment—and more, unsafe habits—is difficult, to say the least," he said. "And getting everyone to think constantly of safety will take a long while."

An important and interesting part of this series of lec-

tures are Dr. Gilroy's demonstrations and explanations of how a few seemingly unimportant rules can save lives in handling compressed and flammable gases and the equipment for their use.

He dwells particularly on the hidden hazards of static electricity, agreeing with the statement of the Bureau of Mines experts that "It is generally conceded today that sparks from static electricity are the most common cause of fires or explosions of combustible anesthetic gases and vapors. Concern for the success of the operation and for careful, safe anesthetization can hide the dangers that lurk in an ungrounded gas machine or in using non-conductive rubber in the danger area."

Dr. Gilroy shows, also, the fallacy in such common superstitions as "oxygen is flammable" and "anesthetic gases are explosive"—pointing out that oxygen merely supports combustion much more vigorously than air and that pure anesthetic gases can't be detonated, but may burn violently when mixed with air or oxygen.

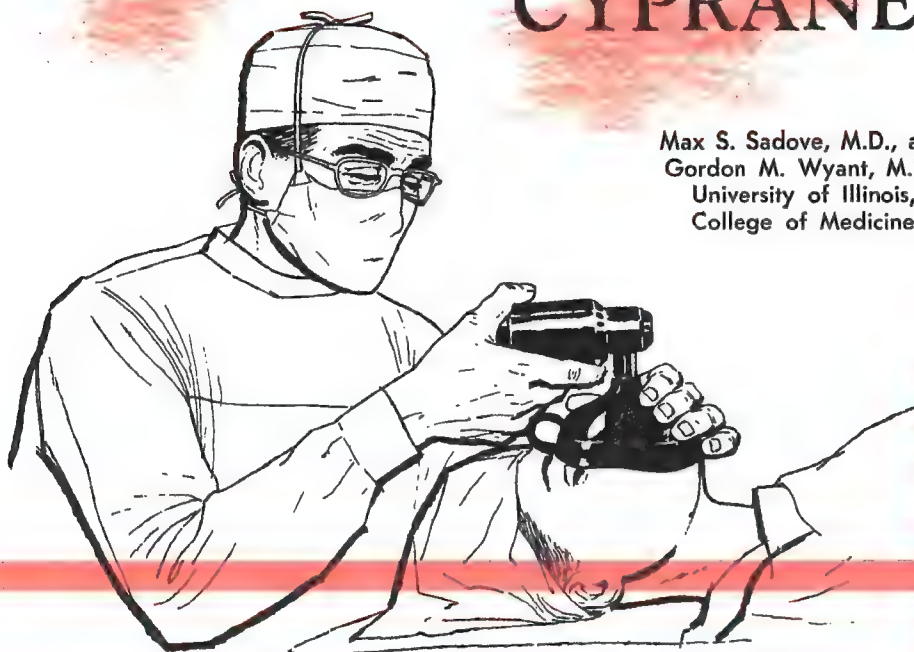
Dr. Gilroy concludes with the encouragement that the mortality rate from anesthetic explosions is but 1 in 1,500,000 surgical cases, and that even oxyacetylene mixtures used throughout industry have been handled for many years without accident by well-trained personnel.



John Gilroy, Ph. D., Ohio Chemical's research manager, lecturing on hospital safety at the Tri-State Hospital Conference in Chicago.

Trichloroethylene **TRIMAR**[®] and the CYPRANE INHALER

Max S. Sadove, M.D., and
Gordon M. Wyant, M.D.,
University of Illinois,
College of Medicine



The Cyprane Inhaler, for the administration of Ohio Trimar in analgesia, is a compact, complete vaporizer, conveniently prepared and easy to operate. It has been successfully employed in over one million clinical tests, found exceptionally useful in obstetrics and outpatient treatment.

Trichloroethylene has now been in clinical use as an anesthetic and analgesic agent for some fifteen years in approximately a million administrations, and it may therefore rightly be considered as having stood the test of time. Until comparatively recent times this valuable agent had been confined almost exclusively to the British Isles and countries of the British Commonwealth, but now is rapidly gaining in favor in the United States. Anesthetic equipment has now been adapted to the use of trichloroethylene (Trimar), and some accessories have been imported from abroad to facilitate the administration of this anesthetic. Most notable of these importations is the Cyprane Inhaler which will be described more fully in a subsequent paragraph.

Properties of Trichloroethylene (Trimar)

Trichloroethylene is a byproduct of many chemical processes, and has long been used in industry. Only in recent times has it been possible to produce the very purified product which alone may be used for anesthetic purposes.

Chemically, trichloroethylene represents somewhat of a cross between ethylene and chloroform, and thus it is not surprising that it exhibits properties of either of these substances. While in potency trichloroethylene resembles chloroform, it is akin to ethylene for its low viscerotoxic properties. Trichloroethylene possesses a pleasant ethereal odor, is non-explosive and non-flammable in air, and for all practical purposes also in oxygen. The substance is unstable, and should be protected from direct sunlight. It is supplied in dark bottles and 0.01% Thymol is added to the commercial product as a further guarantee against decomposition. Nevertheless decomposition may occur in the presence of an open flame, and this should therefore be avoided. Also trichloroethylene is decomposed by contact with the soda

lime of carbon dioxide absorbers; and *must therefore never be used in the closed circuit.*

Trimar is both an analgesic and an anesthetic agent. It is for its marked analgesic properties, however, that this drug surpasses any agent or method hitherto employed. Unlike any of the fixed drugs (morphine, demerol, etc.) it possesses a minute-to-minute controllability through which analgesia may be lightened, deepened, or converted into general anesthesia at will, whatever the surgical requirement of the moment. Trimar analgesia is often followed by amnesia for the period of administration, as well as by a feeling of well-being, not unlike that experienced after the inhalation of nitrous oxide. Few unpleasant side actions are evident, and nausea and vomiting are conspicuous by their absence after Trimar analgesia.

Trimar analgesia is low in cost and the equipment is readily portable and simple, making it most versatile and well suited for office use. In the office, minor procedures may be accomplished painlessly and safely. Emergency procedure may be undertaken with similar advantages. Self-administration is a further advantage often of great psychological value to the patient.

Light general anesthesia is possible with Trimar. This is safe, although not quite as much as analgesia, and requires a little more skill and training. It has, of course, all the inherent potential dangers of all general anesthesia arising out of the loss of consciousness and abeyance of many of the protective reflexes of the body.

Cyprane Inhaler

This small inhaler of pocket size can easily be held in the hand, and therefore is suitable for both self-administration and conventional use by the anesthetist. Although in case of

emergency general anesthesia may be administered with it, its most valuable application is for the purpose of analgesia. It is light, compact, neat, durable and well constructed. It is easily adjustable and adaptable to a variety of circumstances, yet it is inexpensive if one takes into account the long use one may expect from the apparatus. It may be used with the conventional face mask or with a nasal inhaler. For self-administration it may be strapped to the patient's wrist, thus protecting it from damage should it slip out of the patient's grasp during use.

The Cyprane Inhaler is constructed so as to deliver a range of concentration of Trimar within the safe limits. Concentration should be increased slowly and gently until the desired degree of analgesia or anesthesia is reached, and the device may then be locked; this will prevent the patient from tampering with the control dial and thus changing the concentration of vapor. With average caution it cannot be overfilled, and liquid Trimar thus can not reach the patient. One filling suffices for one to three hours of analgesia.

Advantages and Disadvantages

Many of the advantages of the method have already been alluded to, but may well be enumerated here once again. Administration of Trimar by the Cyprane Inhaler method is cheap, portable, simple, requiring little equipment. It is one of the few non-explosive inhalational anesthetic methods available, being pleasant and rapid both in induction and in emergence. The drug has a wide analgesic range, yet is suitable also for light general anesthesia. Unpleasant side effects and sequelae are few and drug toxicity is low in the concentration utilized. There is easy minute-to-minute control of analgesia and of anesthesia, and skill in the admini-

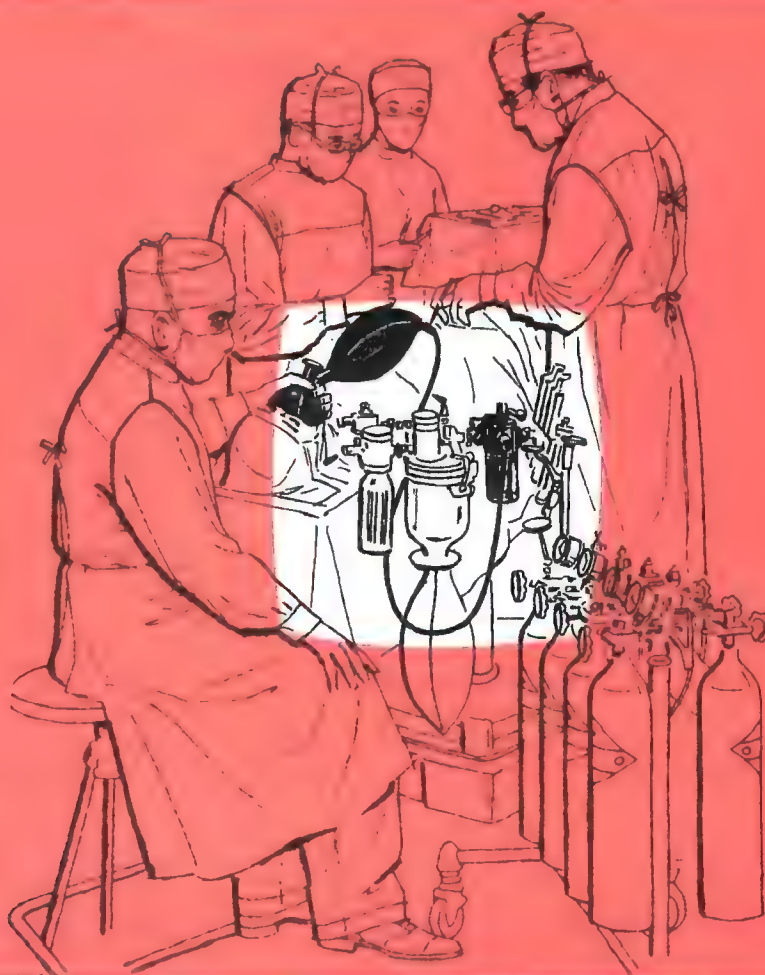
stration is easily acquired. The drug is relatively non-irritating to the respiratory tract in the concentrations used, the mixture is non-hypoxic, and there is little rebreathing. Pre-anesthetic medication is not required, but will facilitate smoothness of maintenance if circumstances permit of its administration.

Against these many undeniable advantages one must mention a few disadvantages. The readiness with which the drug decomposes makes it inadvisable to administer it in the vicinity of an open flame. Although this is not applicable for the Cyprane Inhaler, it must once again be emphasized that other anesthetic equipment must be adapted to the use of trichloroethylene, as closed techniques with soda lime are not permissible. Epinephrine must not be employed where Trimar is being used for fear of serious cardiac irregularities developing. Although the drug is not absolutely contra-indicated in cardiac disease, administration in such patients should be reserved for those with special experience. Trimar is not suitable for deep anesthesia, and muscular relaxation therefore cannot be obtained with safety by the drug alone. Troublesome tachypnea and tachycardia are occasionally encountered, but are more commonly associated with unduly deep anesthesia, such as can hardly be obtained with the Cyprane Inhaler.

To sum up, Trimar is a valuable addition to the anesthetic armamentarium, filling a definite need for a non-explosive technique and for an analgesic inhalation agent of wide range and applicability in both hospital and office practice. Minor surgery, changes of dressings, obstetrical analgesia, dental analgesia, orthopedic manipulations, etc., may well be accomplished under Trimar analgesia with the Cyprane Inhaler.

Reprinted from "Armamentarium", courtesy V. Mueller & Company.

Nitrous oxide-oxygen anesthesia with Ohio Trimar—for surgery not requiring a deep plane of anesthesia or profound muscular relaxation. Ohio provides the necessary conversion items to conveniently, satisfactorily and efficiently adapt the Heidbrink Kinetometer for use with Trimar.



News

from OHIO Ohio Chemical

New Electric Oxygen Tent

Temperature and humidity are automatically controlled in Ohio Chemical's improved model 90A electric oxygen tent. The elimination of on-off cycling of the refrigerator unit results in a minimum of disturbance to the patient's slumber and greatly reduces current consumption, mechanical wear, and noise, as well as the variation of temperature and humidity.

The non-cycling refrigeration unit features an adjustable thermostatic valve which automatically controls the flow of the refrigerant in the cooling system to maintain the desired temperature.

A steady stream of cool, continuously controlled oxygen-rich air is gently diffused into the transparent hood. Although outside thermometers may read 40° higher, the air inside the hood is maintained within one degree of the pre-selected temperature.

Additional features of the new 90A tent include an adjustable telescopic hangar; an easily viewed dial thermometer; a single control for oxygen flush and flow; an efficient air cleaner; a blower motor that is oiled for life; noiseless casters having free-swiveling mounts, ball bearings, and rubber tires; a sight-glass drain tube; and removable panels for easy accessibility.

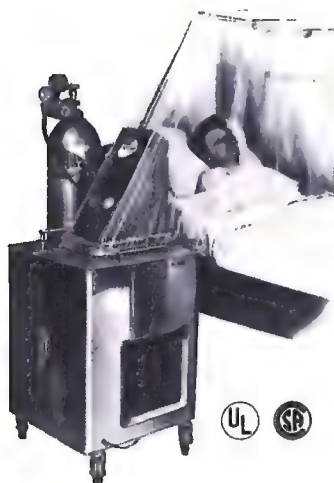
For complete information, request Form No. 2123.

New "Tri-Dermal" Suture — Steriljar

Ohio Chemical's new "Tri-Dermal" Steriljar features an assortment of three different types of sutures in one jar, compartmentalized by a molded rubber separator.

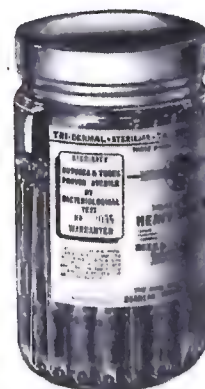
The three assortments include No. 8964—one dozen each of nylon sutures, sizes 5/0, 4/0, 3/0, swaged to a $\frac{3}{8}$ circle cutting needle for *heavy* skin closure; No. 8965—one

dozen each of nylon sutures, sizes 5/0, 4/0, 3/0, swaged to a $\frac{3}{8}$ circle cutting needle for *light* skin closure; No. 8570—one dozen each of drawn silkworm gut sutures, sizes 5/0, 4/0, 3/0, swaged to a $\frac{3}{8}$ circle cutting needle for *delicate* skin closure.



The needles are hermetically sealed in sterile tubes deeply immersed in alcohol in the all-glass Steriljar. The jar itself is reusable as a transparent, sterile utility container.

For further information, please request Form No. 2030C.

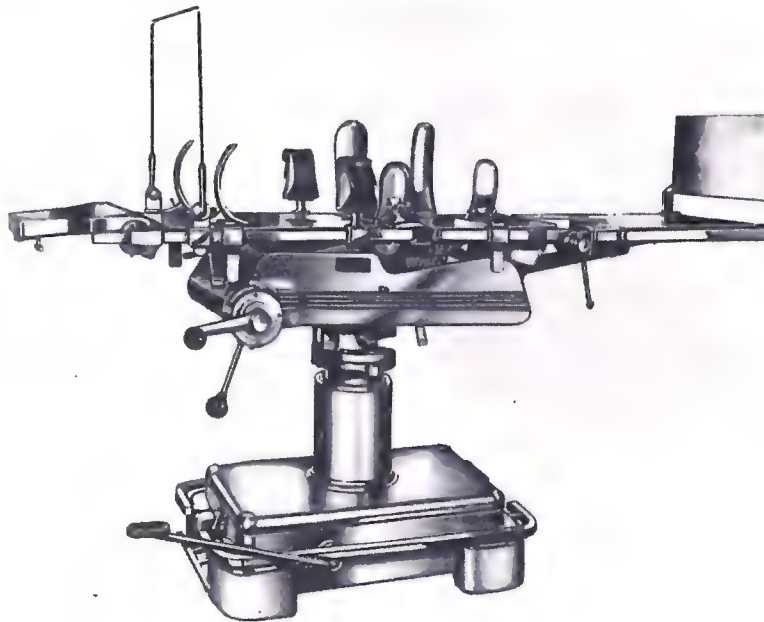


New Carbon-Plated Steel Surgical Needles

Long-lasting sharpness and outstanding strength are special features of the new complete line of Ohio Chemical's carbon-plated steel surgical needles.

The needles are packaged in a transparent unbreakable plastic vial, secured with a convenient plastic seal which makes the container moistureproof, dustproof, and rust-proof. Once seal is opened plastic stopper continues to protect contents. The needles remain visible at all times.

The new line of needles supplements Ohio Chemical's regular line of stainless steel needles.



New A-7100 Major Operating Table

With a one-hand movement of the selector on the new Ohio Chemical A-7100 major operating table, the

anesthetist can obtain any of thirteen different surgical positions.

The "one-hand" feature permits the anesthetist to keep his free hand on the patient at all times, thereby eliminating spark hazard caused by unequal electrostatic potential.

One lever quickly selects the desired position, then the crank is turned clockwise or counter-clockwise to obtain the desired movement. Operation of the selector does not interfere with the work of the surgeon or his assistant.

A specially designed "toe room" base is another new feature of the A-7100 table.

For complete information, request Form No. 2065CC.

Pin-Index Safety System

To eliminate the possibility of error in attaching the flush-type valves, with which gas cylinders are equipped, to gas apparatus yoke connections, Ohio Chemical has begun drilling all small cylinder valves in conformance with the newly standardized "Pin-Index Safety System."

The system, adopted by the Compressed Gas Association, Inc., in co-operation with the American Society of Anesthesiologists and the American Hospital Association, provides for 10 combinations, each using two position holes on the cylinder valve, and two corresponding pins on the yoke. Eight medical gases or gas mixtures are now in use, leaving two position combinations available for future use.

Until December 31, 1952, shipments of Ohio medical gases will have contained some cylinders with drilled valves. Those valves which have been drilled will be identified by means of a small black tab. Ohio Chemical urges users to

empty and return undrilled cylinders before using those that have been drilled.

Cylinders having either drilled or undrilled valves may be fitted to the yokes of existing gas machines. After the machines have been fitted with the special pin-index safety adapters, however, only cylinders with drilled valves can be used.

Ohio Chemical has shipped only cylinders with drilled valves since January 1, 1953, and plans, after May 1, to begin the conversion of existing gas apparatus. All apparatus shipped after this date will conform to the Pin-Index Safety System.

For complete details, request Form No. 2119.

"The Trend is Toward Trimar"

The outstanding advantages of Trimar (trichloroethylene, U.S.P.) when used alone as an analgesic agent, or as a synergist with nitrous oxide-oxygen for light plane anesthesia, are making it highly popular with anesthesiologists, anesthetists, surgeons and general practitioners.

Because of Trimar's potency, the oxygen in the anesthetic mixture can be increased over a wide range of concentration, thus eliminating the tendency to cyanosis.

Trimar is non-explosive, and is non-flammable in air at ordinary temperatures and pressures. It is quick-acting, not unpleasant to take, and is non-nauseating. It allows the patient to be managed easily, promotes rapid and smooth induction, and contributes to uneventful recovery.

For further Trimar information, request Form No. 267.

New Literature

FORM No. 2123—Folder on Ohio Model 90A Electric Oxygen Tent, featuring automatic control of temperature and humidity.*

FORM No. 2065CC—Folder on new A-7100 Major Operating Table, featuring specially designed "toe room" base and clutch added to new transmission.*

FORM No. 2119—Folder on Pin-Index Safety System. Explains new system which prevents error in connection of flush-type valves to gas apparatus with yoke connections.*

FORM No. 2117—*Safety in Hos-*

pitals is a new, 64-page book featuring modern safety trends. Information in the manual includes: Graphs on "Physical Properties of Anesthetic Agents"; "Do's and Don'ts for Safety"; "Flammability Limits of Anesthetics"; CGA pamphlet V-3, "Pin Index Safety System"; summary of the Bureau of Mines' report of investigation No. 4833, on "Static Electricity in Hospital Operating Suites"; and "Manual Artificial Respiration" by C. S. Gordon, M.D. (Nielson, Hip-lift back pressure, and Silvester methods). *Because this booklet is rather costly and is available in limited quantity, distribution must necessarily be restricted to hos-*

pital officials making a request on hospital stationery.

FORM No. 2055—A new, enlarged catalog on Central Oxygen Piping and Equipment. This profusely illustrated booklet describes Ohio Chemical's custom planning service on oxygen pipelines, and gives complete details about oxygen manifolds, pressure regulators, and other related apparatus.*

REPRINT No. 267—Reprint of "Trichloroethylene for Analgesia and Light Surgical Anesthesia", prepared by Paul W. Searles, M.D., M.S. Describes chemistry, pharmacology, and technique of administration of trichloroethylene. Includes helpful bibliography.*

ASA Training Program

More than 100 centers for the purpose of instructing general practitioners in the administration of anesthesia are now functioning in the United States, reports John H. Hunt, executive secretary of the American Society of Anesthesiologists (ASA) which sponsors the program.

The course was organized at the request of many general practitioners to aid them in serving communities which

lack anesthesia facilities. Some of the participating general practitioners have had previous training in anesthesiology. All instructors are approved by the ASA's Committee on Medical Schools and Postgraduate Education.

Inquiries about training should be sent to: Stevens J. Martin, M.D., Chairman, Committee on Medical Schools and Postgraduate Education, St. Francis Hospital, Hartford 5, Connecticut.

*A special request card has been included in this issue of *Surgical Equipment* for your convenience in ordering this literature.

Continued from page 6

interference while providing excellent facilities for general supervision. Extending on this same wing is a large X-ray department.

Throughout the entire building are evidences of meticulous planning; attention to numerous details which go to further the smooth functioning of the modern hospital. Air conditioning throughout much of the hospital area is a case in point. The nurseries, operating, delivery and labor rooms, as well as X-ray and laboratory departments, provide cooled air for the increased comfort of the patients and staff alike. Added safety measures is another detail which has not been overlooked. The fireproof building is provided with a fire alarm system in occupied areas. A series of automatic fire doors separates wings from the hospital's

main section. Storage areas are protected by a sprinkler system.

In addition to bright and cheerful decor in patients' and guest rooms, provision has been made for future installation of an audio communication system between these rooms and nursing stations. Wiring has also been included for installation of a central radio and television antenna.

In the near future St. John will increase its out-patient and educational facilities, and the master plan provides for a permanent chapel, a convent, a nurses' home, auditorium, and a maternity unit. While these plans for future building are an excellent goal—a goal certain to be reached if past accomplishments are considered, even the present "unfinished" facilities of St. John Hospital must certainly provide a large measure of satisfaction to the Sisters of St. Joseph and to all those who worked so diligently to bring it into being.



Ohio Scanlan sterilizers are utilized throughout St. John hospital. Illustrated are two recessed A420 sterilizers with recording thermometer. In background is a Barnstead still.

St. John hospital staff members and visitors utilize this spacious, colorful cafeteria.



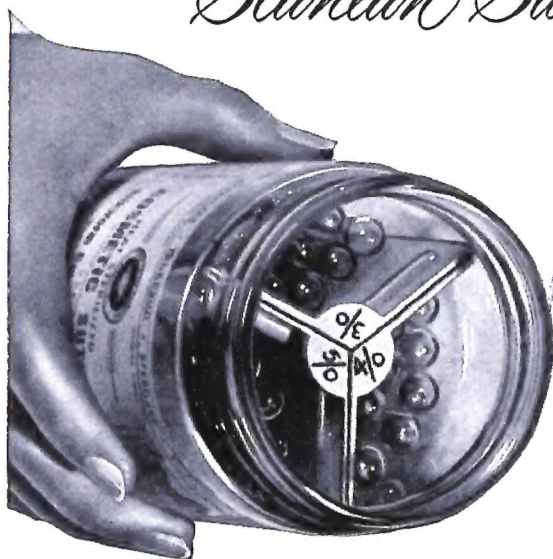
Scanlan Sutures

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"TRI-DERMAL" STERILJAR



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ALWAYS *Sterile* FOR INSTANT USE

PLUS *three* TYPES OF

SUTURES IN ONE HANDY JAR

The double-germicidal protection of the popular, handy Steriljar, and all its time-saving, money-saving features — PLUS the added advantage of three types of sutures in *one* jar. Molded separator maintains hermetically sealed sutures in individual compartments, conveniently marked as to contents.

Available in three assortments:

For **HEAVY** skin closure — No. 8964, containing one dozen each of nylon sutures, sizes 5/0, 4/0, 3/0, swaged to a 3/8 circle cutting needle

For **LIGHT** skin closure — No. 8965, containing one dozen each of nylon sutures, sizes 5/0, 4/0, 3/0, swaged to a 3/8 circle cutting needle

For **DELICATE** skin closure — No. 8570, containing one dozen each of drawn silkworm gut sutures, sizes 5/0, 4/0, 3/0, swaged to a 3/8 circle cutting needle

Catalog and price list on full line of Ohio Scanlan Sutures available on request.



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